## **CENTRAL FAX CENTER** SFP 1 0 2004

PTO/SB/97 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a varid OMB control number.

Angshuman Saha et al.

Casc: 239604 Application No.: 09/418.119

Filing date: 10/14/1999

Art Unit: 2631

Examiner:

Dung X. Nguyen

Subject

Method of Link Word Synchronization

## Certificate of Transmission under 37 CFR 1.8

Attention: Examiner Dung X. Nguyen

Fax No.: (703) 872-9306

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on 09/10/2004

Lynda Schwalenberg

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

## **Total Sheets Transmitted - 11**

- 1. Response C 7 sheets
- Response Transmittal Form 1 sheet
- 3. Duplicate Response Transmittal Form 1 sheet
- 4. Petition for Extension of Time 1 sheet
- Certificate of Transmission 1 sheet

Please call me at (831) 726-1457 if you have any questions.

Burden Hour Statement: This form is estimated to take 0,03 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Asalatant Commissioner for Patents, Washington, DC 20231.

Method of	Transmission: By Fa	CASE DOCKET NO. 239604					
	e to application of A		Saha et al.				
	09/418,119	_					
	nod of Link Word S	Synchroniz	ation				
Cim.							
Transmitte	d herewith is and an a	mendment in	the above-identified	application,	under 37 C.F.	R. 1.312.	
Appl	dditional fee is require icant claims Small ent fee has been calculated	ity status und	er 37 CFR 1.27. low.				
		****	CLAIMS AS AMEI	NDED ****			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	· 12	Minus	** 20	0	\$ 9	\$ 18	\$ 0.00
Ind <del>e</del> p Claims	2	Minus	*** 3	0	\$ <sub>43</sub>	\$ 86	\$ 0.00
First presentation of a multiple dependent claim \$ 0 \$ 0							\$ 0.00
To	erminal Disclaimer Fe	es					\$ 0.00
Extension Fee		1st Month	✓ 2nd Month		3rd Month		\$210.00
Total additional for claims, time extensions and disclaimer fees							\$ 210.00
*** If the **** Mul	"highest Number Prevional Proving Prevional Previous Previous Rependencies, if antry in column 2 is less	viously Paid I any, included	For" in this space is l l in the above calcula	ess than 3, w tion.	rite "3" in this	is space. I space.	
A che	ck in the amount of	0.00	is attached.				
✓ Charg	se \$	posit account	50-0534 . (A d	luplicate of th	nis sheet is en	closed)	
	charge any additional losed.	l fees or credi	t overpayment to De	posit Accoun	t _50-0534	. A duplica	te of this sheet
			Respectfully S		Donald R. Bo	bl der	
Donald R. Bo Central Coast P.O. Box 187 Aromas, CA (831) 726-14	t Patent Agency, Inc. 7 95004				Reg. No. 350		